

Application for Licensure (conversion from Exchange to Full Licensure)

State of Iowa Board of Educational Examiners Licensure

Grimes State Office Building

Revised 8/05

To be completed	by applicant:					
Applicant's Folder #		Social Security #		Date of Birth Month Year		
		<u></u>				
☐ Male Last Name		First Name		Name Maiden Name		lame
☐ Female						
Street and number		City	State		Zip Code	
				:		
Home Phone		Work Phone		Email Address		
()		()				
		rement of a license or falsifyin	g records	for licensure purposes	will constitu	te grounds for filing a
complaint with the lowa a. Yes No 'P		onal Examiners. ver been convicted of a felony)			
 a. Yes No 'PR Have you ever been convicted of a felony? b. Yes No 'PR Have you ever been convicted of a crime other than parking or speeding violations? 						
c. Yes No 'PR Have you ever had a founded report of child abuse made against you?						
d. Yes No 'P	R Have you e	ver had an educational license	revoked	or suspended?		
For any "Yes" response	e attach a written e	xplanation on 8 1/2 x 11" pape	r. Be sure	e to include the date of the	ne violation.	DO NOT explain on this
		Yes" response on a previous a				
application if no further	conviction(s) has	occurred.				
I certify under penalty o	of periury and pursi	uant to the laws of the state of	lowa that	t the preceding informati	on is true a	nd correct
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Signature of App	licant	 Date				
<u> </u>						
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License Desired:	Initial (\$85)	Standard (\$85)		Master Educator (\$85)	Administrator (\$85)
* Dl		f		1-1- 4- 41- D1-1 - C	T.1	-1 F
* Please submit the	ne appropriate ii	censure fee (see above) m	ade pay	able to the Board of	Education	nai Examiners
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-		scripts showing all course	work c	competed to fulfill rec	quirement	deficiencies for
your Iowa licer	ise.					